

ALLOWANCE HOT LIST

Appl. No. 09/643 499

Examiner-TC _____

Prepared by _____
Date _____UMar/6
11-9-04**BEST AVAILABLE COPY**

JACKET:

YES NO Primary Examiner box complete.
 YES NO Issuing Classification complete.

PTO-892/1449:

YES NO Examiner's initials or cross-through lines supplied for each item cited by applicant.
 YES NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

SPEC:

YES NO Brief Description of Drawings includes description of each figure in drawings.
 YES NO Continuing data is mentioned in 1st paragraph. (Can be an insert.)

CLAIMS:

YES NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.
 YES NO Claims correctly numbered in index.
 (No duplicate or missing claim numbers.)
 (No incorrect dependencies.)

CRFE:

YES NO If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

YES NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.